

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	S/J		
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			7/14/71 2/6

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	7/23/71
2	✓✓
3	✓✓
4	✓✓
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18	✓✓
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23	✓✓
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27	✓✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here